



Effective on 12/08/2004.		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/523,442
FEE TRANSMITTAL		Filing Date	1/31/05
for FY 2005		First Named Inventor	Maxim Borisovich Belotserkovsky
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Candal Elpenord
TOTAL AMOUNT OF PAYMENT (\$)		Art Unit	2416
1920.00		Attorney Docket No.	PU020354

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order

☐ None

☐ Other (please identify): _____

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity
Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

360 180

Multiple Dependent Claims

_____ - 20 or HP = _____ x _____ = _____

Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

4. OTHER FEE(S)

Three-Month Extension

Fees Paid (\$)

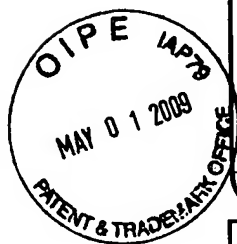
\$1110.00

Other (e.g., late filing surcharge): RCE Fee

\$810.00

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	818-480-5223
Signature				Date	4/28/09



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
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First Named Inventor	Maxim Borisovich Belotserkovsky
Examiner Name	Candal Elpenord
Art Unit	2416
Attorney Docket No.	PU020354

TOTAL AMOUNT OF PAYMENT (\$) 1920.00

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☐ Other (please identify):

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
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Each claim over 20 (including Reissues)

Small Entity
Fee (\$)
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Each independent claim over 3 (including Reissues)

Fee (\$)
200

Multiple dependent claims

Fee (\$)
360

Total Claims - 20 or HP = Extra Claims Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims
Fee (\$)
Fee Paid (\$)

Independent Claims - 3 or HP = Extra Claims Fee (\$)

Fee Paid (\$)

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Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

4. OTHER FEE(S)

Three-Month Extension

Fees Paid (\$)

\$1110.00

Other (e.g., late filing surcharge): RCE Fee

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